

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN205AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/14/2010
NAME OF PROVIDER OR SUPPLIER GOLDEN VALLEY GROUP CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2690 MARGARET DR RENO, NV 89506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility between 5/12/10 and 5/14/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and three employee files were reviewed. Complaint #NV00025298 was substantiated. See Tag Y858. The following deficiencies were identified:	Y 000			
Y 050 SS=G	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1	Y 050			
Y 530 SS=F	<p>This Regulation is not met as evidenced by: Based on interviews, record review and observation on 5/13/10, the administrator failed to provide oversight and direction to the staff to ensure 1 of 10 residents receive the needed services and protective supervision they required. See Tag Y858.</p> <p>Severity: 3 Scope: 1</p> <p>449.260(1)(e) Activities for Residents</p> <p>NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities.</p> <p>This Regulation is not met as evidenced by: Based on observation on 5/13/10, the facility failed to provide at least 10 hours of scheduled activities for 10 of 10 residents.</p> <p>This is a repeat deficiency from a re-grading survey conducted on 4/3/09.</p> <p>Severity: 2 Scope: 3</p>	Y 530			

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Y 858	Continued From page 2	Y 858			
Y 858 SS=G	<p>449.274(4)(c) Medical Care / Records</p> <p>NAC 449.274</p> <p>4. the facility shall ensure that appropriate medical care is provided to the resident by:</p> <p>(c) A medical professional.</p> <p>This Regulation is not met as evidenced by: Based on interviews, observations and record review on 5/13/10, the facility failed to ensure that 1 of 10 residents received appropriate medical care by a medical professional (Resident #10).</p> <p>Findings include:</p> <p>A complaint was received that alleged neglect regarding a resident complaining of severe dental pain. During an onsite investigation of multiple allegations, it was verified that Resident #10 had complained of severe tooth pain for several days.</p> <p>In an interview, Employee #1 stated that she modified Resident #10's diet to soft food to accommodate his complaints of tooth pain.</p> <p>Employee #2 reported that she gave Resident #10 one Tylenol tablet (without a doctor's order) on 5/11/10 due to Resident #10's complaints of tooth pain.</p> <p>In an interview with Resident #10, he reported he had been suffering dental pay for two to three days and had sores in his mouth. Visual</p>	Y 858			

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Y 858	Continued From page 3 inspection of his oral cavity revealed many missing teeth and several molar teeth in various stages of decay. The sores could not be visualized due to the low level of light. In a telephone interview with Resident #10's son, he reported that he had been informed about his father's dental pain on 5/11/10, but had not been made aware of the urgent need for medical care. Review of the records revealed that Resident #10's physician had not been contacted despite repeated complaints of severe mouth and tooth pain over the course of several days. After the complaint investigation, Resident #10 was finally seen in a local emergency room and was prescribed antibiotics, pain medication and given a referral for follow up dental care. Severity: 3 Scope: 1	Y 858			
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744.	Y 885			

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Y 885	Continued From page 4 This Regulation is not met as evidenced by: Based on observation and interview on 5/13/10, the facility failed to destroy medications after an un-named resident had expired (the name was torn from the prescription). Severity: 2 Scope: 3	Y 885			
Y 908 SS=A	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by: Based on record review on 5/13/10, the facility did not ensure the medication record was complete for 1 of 10 residents receiving as needed (PRN) medications (Resident #1). Severity: 1 Scope: 1	Y 908			

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Y 936 SS=D	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 5/13/10, the facility failed to ensure 1 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #5 lacked documentation of 2nd step for TB testing).</p> <p>Severity: 2 Scope: 1</p>	Y 936			

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